Sexual Harassment Complaint Form

Sexual harassment is a violation of state and federal law. Complaints of sexual harassment will be investigated.

1. Information about Complainant:		
Name:	Title:	
Immediate Supervisor:	Department:	
Work Location:	Work Phone:	
Home Address:	Home Phone:	
	•	
2. Type of Complaint:		
Hostile Work Environment		
3. Information about the Individual Acc	cused of Harassment:	
Name:	Title:	
Relationship to the Complainant (i.e. supe	ervisor, co-worker, direct report):	
Department:		
Work Location:	Work Phone:	Home Phone (or other phone):

4. Information about the Allegations:
Describe the alleged sexual harassment incident(s): • Please specify location(s), date(s) and time(s) of each occurrence, with as much detail as possible. Attach additional sheets, if necessary.
Did the Complainant inform the alleged offender(s) their behavior was unacceptable or unwanted? ☐ YES ☐ NO If yes, please describe.
Were there any witnesses to the alleged sexual harassment incident(s)? YES NO If yes, please provide the name(s), address(es), and phone number(s), if available.

s this incident(s) been reported to anyone else? YES □ NO
res, please provide the name(s), address(es), and phone number(s), if available.
nat remedy or action is the Complainant requesting?
BE COMPLETED BY COMPLAINANT:
certify the information contained in this Form is
certify the information contained in this Form is (complainant name) e and factual, to the best of my knowledge.
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*NOTE: Please attach any supporting documentation to this form.

Note: Complaints of sexual harassment may also be filed with:

Nevada Equal Rights Commission (for Northern Nevada cases) 1325 Corporate Blvd., Room 115 Reno, NV 89502 775-823-6690

Fax: 775-688-1292 www.nvdetr.org/nerc.htm Nevada Equal Rights Commission (for Southern Nevada cases) 1820 E. Sahara Ave., Suite 314 Las Vegas, NV 89104 702-486-7161 Fax: 702-486-7054

www.nvdetr.org/nerc.htm

Equal Employment Opportunity Commission (800) 669-4000

San Francisco District Office (for Northern Nevada cases) 450 Golden Gate Ave., 5 West P.O. Box 36025 San Francisco, CA 94102-3661 1-800-669-4000 Fax: 415-522-3415

TTY: 510-735-8909 www.eeoc.gov Las Vegas Local Field Office (for Southern Nevada cases) 333 Las Vegas Blvd. South, Suite 8112 Las Vegas, NV 89101 1-800-669-4000 Fax: 702-388-5094

TTY: 1-800-669-6820 www.eeoc.gov